

IHS-paid travel cut

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Transportation for any patient who is not faced with a "life threatening" problem will be cut off for Alaska Natives on July 1 if an expected cutback in federal funding for the Indian Health Service is approved by Congress.

The cutback in funding for transportation is being considered and expected by local IHS officials, one of whom recently wrote a memo outlining the cutbacks to area IHS health units.

G.H. Ivey, area director

for the Alaska Area Native Health Service wrote on March 11 "Because of the tightening budget situation during Fiscal Year 1982, we are unable to provide the same level of services including patient transportation that we have been able to afford in the past.

"This is to advise you that effective July 1, 1982, based on our present projected patient funding level, the Alaska Area Native Health Service will pay for travel to a medical facility only in a life-threaten-

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IHS cutback may mean travel expenses out

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ing situation when no other resource is available.

"In order to conserve funds where necessary, we will continue to pay for travel of inpatients and transfers from one facility to another facility when no other resource is available.

"During January, the Alaska Area Native Health Service advised the State of Alaska that effective March 1, the ANHS would no longer be in a position to pay for any patient transportation for Medicaid-eligible Alaska Natives.

"This decision was recently re-affirmed at the State Quarterly meeting and a new Memorandum of Agreement between the respective agencies is being developed which reflects this change," the memo states.

Ivey asked that the information be "shared" with the appropriate tribal groups, health corporations and others.

On May 15 Ivey wrote a letter to Don Standifer, president of the Native village of Tyonek, which is across Cook Inlet from Anchorage, telling him that only life-threatening emergencies will be transported as of July 1.

The new policy memo is a furtherance of a policy written earlier this year which limited the types of hospital trips that the IHS will pay for emergencies only.

That policy drew fire from some quarters because emer-

gency trips were poorly defined according to Standifer.

"We asked them to define emergency and they sent us a copy of an old policy memo that didn't explain anything."

However, a spokesman for the IHS, Pauline Phillips, said Friday that the memo was not in effect yet and won't be until the final 1982 budget is approved by Congress. She said that the IHS is operating with a budget which is equal to the 1981 funding level minus 10 percent of that.

Phillips said that she contacted a Congressional "hot-line" Friday to learn the status of the 1982 budget for IHS and learned that Congress was in "turmoil because all budget proposals had been rejected by Congress."

According to IHS statistics, 5,197 patients were transported to the Alaska Native Medical Center from throughout the state in Fiscal Year 1982.

That included 215 patients from the Aleutian Islands, 235 from the Barrow Health District, 1,085 from the Bethel Health Unit, 284 from Bristol Bay unit, 335 from the Kotzebue unit, 207 from the Mt. Edgecumbe Unit, 12 from the Annette Islands, 227 from Interior Alaska and 331 from Norton Sound, and 2,481 from the Anchorage unit.

Patients from Tyonek numbered 29 and 26 came from English Bay.

Phillips had no breakdown

on the amount of money spent last year for transportation nor did she have projections on the amount sought for the coming year.

Standifer said a charter airplane flight from Tyonek to Anchorage averages from \$120 to \$150 one way. A regularly scheduled flight is \$24. Tyonek has paid for some emergency visits that AHS wouldn't, he said.

He said he hopes "something will happen to make government agencies get their priorities in line. I realize the priority is to provide nurses and doctors in the hospitals but they should take a good look at their own structures to see if they can cut back enough to have the money to include the Bush as a priority.

"A lot of people out there don't get to see a doctor."

Standifer said that he recently asked the Cook Inlet Native Association to "loan" Tyonek one of the CINA doctors on a monthly basis to make routine visits to the

village. CINA agreed but Standifer said he isn't certain how long that will last.

He said he hopes that a regular doctor's visit can be started in the villages in order to upgrade health and make emergency trips less necessary.

The matter will be brought up when the Department of Social Services Indian Health Board meets in Anchorage June 1 for its quarterly meeting.

David Cates, director of the Alaska Native Health Board said this week that the tentative policy worries him greatly.

"What this would appear to mean is that if someone in one of the villages gets a badly broken leg he won't be transferred to Anchorage (medical center) because it isn't life threatening.

"You just can't let people lie there in the villages with broken legs and pneumonia until it gets to be life threatening.

Cates said he has written to all the ANHB member cor-

porations about the memo and advised them to set aside some revenues to help pay for transportation.

He added, however, that the corporations which he contacted personally — the corporations which were to have been advised about the cutback according to the March 1 Ivey memo — knew nothing about the change in policy.